

character is carried out, showing definitely the effect of stimulation of the structures adjacent to the pituitary body on glucose metabolism, the pertinent fact that a diabetic syndrome indistinguishable from true diabetes mellitus accompanies a hyperactivity of the hypophysis (acromegaly) in about 40 per cent of the cases should be ascribed to the interrelationship of the hypophysis and the pancreas.

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### Proctology

**Hemorrhoids**—The injection treatment of hemorrhoids had a rather shady beginning, and it seems never to have been able to attain to the first rank of repute. One is tempted to be a trifle apologetic on introducing the subject.

It is not easy correctly to ascertain results of any therapeutic procedure until a great mass of experience has been accumulated. In the few decades of its use the injection method has been thoroughly tried out here and there by reliable men, and their testimony can be had. Boas<sup>1</sup> writes of ten years' experience with it, and in a conservative manner expresses his satisfaction.

A special point that he brings out is that the injection method is to be regarded as just as radical a method as any form of surgical treatment. There is no more, and no less, tendency for recurrence. Men with the widest experience probably best realize that, the Whitehead operation excluded, no treatment for hemorrhoids can be considered as truly radical and a guarantee against recurrence. By the injection method all hemorrhoids present can be completely obliterated. Excision, clamp and cautery, or ligation accomplish nothing more.

However, the indication, contraindications and technique are of vital importance. Unless one has full knowledge of these matters the surgeon is possibly less justified in using the injection method than in operating. But properly applied, the injection treatment seems to give good results and will probably increase in popularity.

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### Cancer

**Encouragements in the Treatment of Cancer**—"There is no cure in sight for malignant disease and there is little likelihood of one until after the cause is settled. Before any headway was made in the control of most diseases that are under control, the cause has first been settled and not until then did rational attack begin."

Now and then, and sometimes in supposedly responsible quarters, unfortunate statements are made about various phases of cancer. The above quotation is one of these, mainly because it is untrue. Cancer can be likened to an Easter chick, easily done for, if roughly handled in its early development. The malignant and deadly attributes of cancer are easily comparable to the

methods of the rattlesnake. He will kill unless the trick is done to him first, and it usually requires a man to do it. Pussyfooting with either a cancer or a rattlesnake accomplishes only one thing—it makes them more effectively destructive. But there is nothing more submissive or yielding, as far as treatment is concerned, than cancer if it is utterly destroyed early.

Does the physician from whose article I have quoted at the head of this page mean to imply that no case of cancer ever recovers when treated by the recognized methods known today? Perish the thought, for it, too, is untrue. Many physicians, and through them also the public, seem purposely to have developed a psychological twist that, I fear, has grown out of the prevailing fashionable pessimism, when they think or hear or tell of the possibility of even trying to treat cancer successfully. Two of the greatest scourges of the race (syphilis and malaria) were cured long before laboratory workers brought their training and scientific imagination into play and superbly revealed their cause.

Cancer seems the great problem that it is today mainly because it has almost been left alone in its evil mischief. So many of the hydra-headed monsters that have been responsible for the ills of mankind have been beaten back from the front line where they had heretofore destroyed comfort and invited death, that the subject of cancer seems and looks much larger by way of contrast than it formerly did. Many of these diseases had been successfully treated for centuries before their causes were known, and when these were finally discovered it was usually found unnecessary to depart from the treatment that had grown with the race to combat it. It is also interesting to remember that the death rate which obtained in these then uncontrolled diseases killed more of their victims than so far has ever been true in the mortality from cancer.

The available means for the successful management of cancer will prevent its ever becoming the menace that present-day treatment pessimists are prone to insist that it will. In very early cancer, especially of the skin and above the collar bone, practically all will recover following thorough operation with the hot or cold knife, radium, and the x-ray. In the moderately advanced cases of accessible cancer in other parts of the body 50 per cent will recover, and in the advanced patients who are usually assumed to be in the terminal or hopeless stages of the disease, if they have good hearts and kidneys, fully 20 per cent, under present known methods of management, will live after treatment, normal lives over the five-year period.

Many members of the medical profession seem ready to change or at least modify their formerly hopeless attitude regarding the possibility of successfully doing anything to alter our present depressing mortality statistics in cancer. This had to come because the present situation is not only irrational and absurd, but it is also indefensible.

Our treatment of cancer must have as its basis the prevention of the further development of the disease in a given patient. This is certainly more

1. Boas: Deutsche Med. Wochens., 1927, No. 13.

rational and what we all hope will finally be the modern vision of the need of the hour in our attitude toward the management of the cancer patient. Such a view will aid the medical profession, and through it the public, to scrape off some of the scientific mold that at present envelops the whole subject of investigation and treatment. In addition, and of paramount importance, it emphasizes that we neglect to study and familiarize ourselves with and to utilize what we now have and know to be of proven value for both the cure and palliation of this only apparently increasing menace to the race.

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### Neuropsychiatry

**Extramural Psychiatry**—Formerly, physicians specializing in mental diseases led mainly somewhat monkish existences in asylums for the insane, largely out of touch with the general medical profession.

Among the profound changes which have affected medicine, psychiatry has gained justified recognition as a legitimate and necessary branch of both institution and private practice.

Only a small proportion of people suffering from mental abnormalities which distress them and impair or destroy their usefulness, are committed to state hospitals, or need to be.

Nevertheless since the restless and ever changing life of our times is continually imposing heavier burdens, we find an increasing number of individuals mentally inadequate to adapt themselves to its requirements.

The experiences of the great war, the intensive study of child development and the causes of delinquency and crime and the pandemic distribution of infectious diseases of the nervous system, not rarely leaving behind aberrations of the psyche, have taught us the need of attacking the problem at its source.

More practical familiarity with the phenomena of mind than heretofore attained is desirable for the general practitioner, upon whom falls the responsibility of first detecting—or at least suspecting—the abnormal, both in body and in mind.

It should be possible for him to gain a certain psychiatric background, for which he will find use, among the functionally nervous, drug-taking, defective, constitutionally inferior and half-insane people with whom he comes into contact as well as in better understanding cerebral symptoms in somatic disease.

Should all physicians acquire the habit of noting the mental make-up and peculiarities of their patients, as well as points in the family history bearing on such cases, our psychiatric knowledge and our ability to deal with many social problems would be much advanced.

In densely populated regions skilled psychiatric advice is generally available but throughout great areas the family physician is the sole reliance until commitment to an institution is secured. If in the

presence of a psychosis he acts with sense and prudence he can well meet any emergency.

While it is axiomatic that the really insane can best be handled in institutions, there is nearly always a period when the diagnosis is in doubt; also arrangements for transfer occupy time.

Though nothing can replace actual experience, all physicians should take to heart the following facts:

Insanity is a relative rather than an actual conception and is determined upon social rather than scientific grounds, that is upon the ability of the individual to sustain himself and to live in the community without being a danger or a nuisance.

Mental diseases run a course, not of days or weeks, but of months and years, and provision for the care of mental patients should be made accordingly.

Prognosis as to recovery depends entirely upon the nature of the disease.

Delirious and confusional states arising from intoxication, infection and exhaustion as well as symptomatic psychoses have a prognosis favorable in proportion to the removability or curability of the underlying cause.

Manic-depressive attacks tend to recover, but are likely to recur later.

Dementia precox tends to progressive mental enfeeblement, but there may be remissions for a long time during which the patient may appear to have recovered.

General paresis and the organic psychoses are of altogether unfavorable prognosis, though here also remissions for long periods may occur.

Epileptic psychoses are progressive and of poor outlook.

All acute mental cases need watching day and night. In depressed patients the danger of suicide is ever at hand and never to be disregarded.

There is no greater error than the idea that the mentally disturbed need constant diversion, change of scene, etc.

Nothing is of more value in reducing excitement than rest in bed away from visitors and all irritating influences, combined with judicious hydrotherapy. The tepid pack is always available and the family bath tub can give a fair substitute for the continuous bath of the hospital.

Of drugs, bromides, while mainly too weak, have some value in adequate doses long continued. Chloral, trional, veronal, medinal, luminal, allonal, etc., act well in many cases, but hypnotics should be used as little as possible. Hyoscin is a two-edged sword of great value in manic excitement in the robust, but depressant and sometimes delirifacient. It usually acts best combined with morphin. It is absolutely contraindicated in alcoholics, in whom it may cause sudden death.

The most efficient ally is an experienced nurse. A good asylum "attendant" is of infinitely greater value than the best trained nurse without psychiatric experience.

Women nurses have usually a soothing effect upon